

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004645

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: AFA FALCON CHAPTER #399, INCORPORATED

**Current Principal Place of Business:**

567 SAN CLEMENTI DRIVE  
ORANGE PARK, FL 320037839

**New Principal Place of Business:**

1431 RIVER PLACE BLVD #1009  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

567 SAN CLEMENTI DRIVE  
ORANGE PARK, FL 320037839

**New Mailing Address:**

1431 RIVER PLACE BLVD #1009  
JACKSONVILLE, FL 32207

FEI Number: 32-0216514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEBSTER, ERNEST L  
1822 BRUSH HILL ROAD  
JACKSONVILLE, FL 322114924 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: KOZDRAS, FRANK W  
Address: 567 SAN CLEMENTI DRIVE  
City-St-Zip: ORANGE PARK, FL 320037839

Title: SD ( ) Delete  
Name: HUMPHRIES, HOMER H  
Address: 70 VILLAGE WALK LANE  
City-St-Zip: PONTE VEDRA, FL 320823545

Title: VCD ( ) Delete  
Name: STUART, JOHN B  
Address: 10253 BRIARCLIFF ROAD EAST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD ( ) Delete  
Name: WEBSTER, ERNEST L  
Address: 1822 BRUSH HILL ROAD  
City-St-Zip: JACKSONVILLE, FL 322114924

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: KOZDRAS, FRANK W  
Address: 1431 RIVER PLACE BLVD #1009  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK W. KOZDRAS

CD

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date